

PERSONNEL / POSITION ACTION REQUEST FORM

Business Unit:	Current Posn. #:	Proposed Posn. #:
Empl. Name:		Empl. ID:

Personnel Data

Personnel Action:		Reason:		Effective Date:
DOB:	Gender:	Highest Education Level:		
Marital Status:		As of (Date):		SSN: - -
Home Address:				
City:	State:	Zip Code:	County:	
Home Phone: () - ext.		E-mail:	Ethnicity:	
Military Status:		Expected Job End Date:		
Officer Code:	Pay Group:		FICA: SUBJECT	
Hourly Rate: \$		Annual. Salary: \$		Compa Ratio:
FTE:	Retirement Plan:		Comments:	

Current Position Data

Position Title:		Effective Date:
Supervisory:	Job Code:	Reg/Term/Temp:
Full/Part:	Union Code: NN	Short Title (0-99):
Department:	Location:	Reports To Posn. :
Supervisor Level:	FLSA Status:	End Date:

Proposed Position Data

Position Action:		Other (If Applicable):
Position Title:		Effective Date:
Supervisory:	Job Code:	Reg/Term/Temp:
Full/Part:	Union Code: NN	Short Title (0-99):
Department:	Location:	Reports To Posn. :
Supervisor Level:	FLSA Status:	End Date:
Does this Position Require a BAR?		<i>Please Document All Position Changes Here:</i>

Name of employee who completed this form _____ Date _____ Phone _____ E-Mail _____ [@nmcourts.com](mailto:_____@nmcourts.com)

Approvals

_____ Agency Origin _____ Date _____	_____ Agency/Admin Approval _____ Date _____
_____ AOC HR Administrator _____ Date _____	_____ Financial Authority Approval _____ Date _____